



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov



Return completed form within 30 days to:

Idaho Secretary of State
Attn: Annual Reports
450 North 4th Street
Boise, ID 83720
Phone: (208) 334-2300

For Office Use Only

-FILED-

File #: 0005442392

Date Filed: 10/13/2023 9:49:00 AM

Due no later than: 11/30/2023

Annual Report: No filing fee if received by the due date.

SOS Control Number: 482709

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 11/25/2015

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

TIKLMERRY RANCH, LIMITED LIABILITY COMPANY
PO BOX 226
DOWNEY, ID 83234-0226

Registered Agent (RA) and Registered Office (RO) Address:

(2) Change RA and/or RO Address:

DAVID PETERSEN
1315 OLD MALAD HIGHWAY
DOWNEY, ID 83234

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	David PETERSEN	1315 old Malad Highway	Downey, ID 83234
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

David Peter

(6) Date:

10/10/23

(7) Type/Print Name:

David PETERSEN

(8) Title:

MANAGER

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

B0846-0422 10/13/2023 9:49 AM Received by Office of the Idaho Secretary of State